FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



DATE RECEIVED

Serial



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING	EXEMPTION
Name of Offering Check if this is an amendment and name has changed, and indicate ch	ange.)
Membership Interest in Rhein/Medall Interests, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 S	ection 4(6) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DA	TA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate changed	ge.)
Rhein/Medall Interests, LLC	
Address of Executive Offices (Number and Street, City, State, Z	(ip Code) Telephone Number (Including Area Code)
5200 77 Center Dr., Suite 141 Charlotte, NC 28217	(704) 527-2333
Address of Principal Business Operations (Number and Street, City. State, 2 (if different from Executive Offices)	Zip Code) Telephone Number (Including Area Code)
Brief Description of Business	PROCESS
Real Estate Lot Development	
Type of Business Organization	JUN 9 9 20 Other (please specify): THOMSON
	other (please specify):
business trust limited partnership, to be formed	imited Liability Company
Month Year	U 88 48 40 4 C 1/ 1/
Actual or Estimated Date of Incorporation or Organization: 05 X Actual	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	on for State:

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

NC

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the is
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner
RCR Interests, LLC
Full Name (Last name first, if individual)
7265 Kenwood Rd., Suite 220, Cincinnati, OH 45236
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner
Medall Interests, LLC
Full Name (Last name first, if individual)
5200 77 Center Dr., Suite 141, Charlotte, NC 28217 Business or Residence Address (Number and Street, City, State, Zip Code)
business of Residence Address (Administration Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Manager Managing Partner
Robert C. Rhein Full Name (Last name first, if individual)
7265 Kenwood Rd., Suite 220, Cincinnati, OH 45236 Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(cs) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner
James M. Medall Full Name (Last name first, if individual)
5200 77 Center Dr., Suite 141, Charlotte, NC 28217 Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
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				B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
1 11	. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No
I. Has	ne issuer soi	a, or aoes u			11, to non-a 1 Appendix				-	**************		X
2. Wha	is the minin	num investn			• •		_				\$ 250.00	
#. VVIII		idiii iii esti	incirc tinut i	m be deec	pred from t	any marvia		****************	***************	***************************************	Yes	No
3. Does	the offering	permit join	t ownershi	p of a sing	le unit?	***************************************						X
	the informa nission or sin											
lfap	erson to be li	sted is an ass	sociated pe	erson or age	ent of a brok	er or deale	r registered	l with the S	EC and/or	with a state		
	ites, list the n ker or dealer								ciated pers	ons of such	N	ONE
	e (Last name											
Business	or Residence	Address (N	lumber and	d Street, C	ity, State, Z	(ip Code)						
Name of	Associated B	roker or De	aler									
States in	Which Person	1 Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individual	States)				***************************************	***********		□ AI	l States
AL	AK	[AZ]	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MΛ	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM NE	NY	NC NC	ND	OH	OK)	OR	PA
RI	SC	SD	TN	TX	UT	[VT]	VA	WA	\overline{WV}	WI	WY	PR
Full Nam	e (Last name	first, if ind	ividual)									
Business	or Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)		<u></u>		<u></u>		
Name of	Associated B	roker or De	aler									
												·
	Which Person											1.0
(Che	ck "All State	s" or check	individual	States)		***************************************	***************	•••••	************	•••••	∐ AI	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
[IL]	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Nam	e (Last name	first, if ind	ividual)				181,97					
									, 4			· · · · · · · · · · · · · · · · · · ·
Business	or Residence	e Address (I	Number an	d Street, C	lity, State,	Zip Code)						
Name of	Associated B	roker or De	aler		.,	***************************************						
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					.—	
(Che	ck "All State	s" or check	individual	States)			•••••••	***********			□ VI	l States
AL	AK	AZ.	AR	CA	CO	CT	DE	DC	Fl.	GA	HI	ID
II.	[XI]		KS	KY	LA	ME	MD	. MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH W∇	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.		of securities included in this offering and the total amount already none" or "zero." If the transaction is an exchange offering, check			
		umns below the amounts of the securities offered for exchange and			
	arready exchanged.	See Attached Note For	Aggregate	Ar	nount Already
	Type of Security	Additional Information	Offering Price		Sold
	Debt		\$	_ \$	
	Equity		\$	_ \$	
		Common Preferred			
	Convertible Securities (includi	ing warrants)	\$	\$	
	Partnership InterestsM	embership Interest in LLC	\$ 180,500	\$	180,500
	Other (Specify		\$		
				\$	180,500
		ppendix, Column 3, if filing under ULOE.			
2.	offering and the aggregate dollar a the number of persons who have	nd non-accredited investors who have purchased securities in this amounts of their purchases. For offerings under Rule 504, indicate a purchased securities and the aggregate dollar amount of their r "0" if answer is "none" or "zero."	:		Aggregate
			Investors	(of Purchases
	Accredited Investors		2	\$_	180,500
	Non-accredited Investors		0	. \$_	0
	Total (for filings und	er Rule 504 only)		. \$_	
	Answer also i	n Appendix, Column 4, if filing under ULOE.			
3.	sold by the issuer, to date, in offer	r Rule 504 or 505, enter the information requested for all securities rings of the types indicated, in the twelve (12) months prior to the ring. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	N/A	Type of Security	C	Pollar Amount Sold
				\$_	
	-			\$_	
	Rule 504			\$_	
	Total			\$_	
4	securities in this offering. Exclude The information may be given as	expenses in connection with the issuance and distribution of the le amounts relating solely to organization expenses of the insurer subject to future contingencies. If the amount of an expenditure is not check the box to the left of the estimate.	•		
	Transfer Agent's Fees			\$_	0
	Printing and Engraving Cost	s		\$	00
	Legal Fees		<u>X</u>	\$	25,000
	Accounting Fees				0
	Engineering Fees			\$	0
		finders' fees separately)		\$	0
			-	, _] \$	0
	<u> </u>			,]	25,000

Rhein/Medall Interests, LLC Form D Notice of Sale of Securities

Item C.1

Under the terms of the Operating Agreement of the Company, each member may be required to make additional capital contributions to the Company that totals approximately \$9,819,500 in the aggregate. These additional capital contributions are contingent on certain criteria being met which are stipulated in the Operating Agreement. These additional capital contributions will not result in an increase or change in the ownership interest.

L	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjusted gros	SS	\$ <u>155,500</u>
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate an the payments listed must equal the adjusted gros	d	
	Costs Thro	ough 2005	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. 🗆 \$	\$
	Purchase of real estate			
	Purchase, rental or leasing and installation of mac			
	and equipment			
	Construction or leasing of plant buildings and fac-		· 🗌 \$	_ 🗆 \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset			
	issuer pursuant to a merger)		. 🔲 \$	_ 🗆 \$
	Repayment of indebtedness		. 🗆 \$	\$
	Working capital		. 🗆 \$	X \$ 50,000
	Other (specify): Investigative Costs In R	• • • • • • • • • • • • • • • • • • • •	\$	X \$_105,500
			. 🗆 \$	\$
	Column Totals		. 🗌 \$	∑ \$ <u>155,500</u>
	Total Payments Listed (column totals added)		. X S	155,500
		D. FEDERAL SIGNATURE		
sig the	The state of the s	nish to the U.S. Securities and Exchange Comm	ission, upon writte Rule 502.	ale 505, the followin en request of its staf
lss	ucr (Print or Type)	Signature	Date	
	Rhein / Medall Interests, LLC	Millelle	MAY	31,2005
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
	Robert C. Rhein	Manager / Chairman		

- ATTENTION -

Hentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

N/A

		E. STATE SIGNATUR	E		<u></u>				
1.	Is any party described in 17 CFR provisions of such rule?	Yes	No						
		See Appendix, Column 5, for stat	e response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	er has read this notification and kno chorized person.	ows the contents to be true and has duly caus	sed this notice to be signed on its beha	lf by the	undersigned				
Issuer (Print or Type)	Signature	Date						
Name (I	rint or Type)	Title (Print or Type)							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
1	Intend to non-a investor	I to sell ccredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	lumber of Number of Non-Accredited				No	
AL										
AK		,								
AZ										
AR										
CA										
со										
CT.										
DE										
DC										
FL										
GA										
HI						and the same of th				
ID										
IL										
ÎN										
IA										
KS										
KY										
LA	· ***									
ME										
MD										
МА										
MI	W 1.2.									
MN							·			
MS					İ					

				APP	ENDIX				
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	ccredited Non-Accredited				No
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
ок						,			
OR	-								
PA									
RI									
SC									
SD						·			
TN									
TX									
UT									
VT									
VA									
WA									
wv						·			
Wi									

				APP	ENDIX							
l		2	3	4	······································	5 Disqual	ification					
	to non-a	to sell accredited as in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Type of investor and explanation amount purchased in State under State U (if yes, attace explanation waiver grant waiver g			attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY					_							
PR												